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Docket Number (Optional) 006915/P03

pplication of: Kenneth COLLINS, et al.

Application No.:

10/646,532

Filed:

08/22/2003

For:

PLASMA IMMERSION ION IMPLANTATION APPARATUS INCLUDING A CAPACITIVELY.

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red to respond to a collection of information unless it displays a valid OMB control number Under the Panerwork Reduction Ac Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriation. Complete if Known 10/646.532 Application Number FEE TRANSMI Filing Date August 22, 2003 For FY 2005 First Named Inventor Kenneth COLLINS Examiner Name Maureen G. Arancibia Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1763 TOTAL AMOUNT OF PAYMENT (\$) 260.00 006915/P03 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Check Money Order None Other (please identify): Deposit Account Name: Michaelson & Wallace Deposit Account Deposit Account Number: 50-0338 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES Small Entity **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee_(\$) 300 200 Utility 150 500 250 100 200 130 Design 100 100 50 65 Plant 200 100 300 150 160 80 300 150 500 250 600 300 Reissue Provisional 200 100 O 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Extra Claims **Multiple Dependent Claims Total Claims** Fee Paid (\$) Fee Paid (\$) Fee (\$) 20 or HP = HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Total Sheets** Extra Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$260.00 Other (e.g., late filing surcharge): Terminal Disclaimer fee under 37 CFR 1.20(d) (\$130.00 x 2) SUBMITTED BY Registration No. 29,119 Telephone 805-644-4035

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